

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Assessment Services

PROGRAM ELEMENT:

Adult Evaluation and Review Services (AERS)

PROGRAM MISSION:

To provide assessment, care planning, and short-term case management to the frail elderly and to Montgomery County adults with disabilities age 18 and older who are at risk of institutionalization

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY06 CE REC
Outcomes/Results:					
Percentage of elderly and disabled adults who remain safely in the community after receiving services (at time of case closure)	81	78	82	80	80
Percentage of elderly and disabled adults who take their medications safely after receiving services (at time of case closure)	73	75	83	80	80
Service Quality:					
Average number of days to initiate cases ^a	4.5	5.9	5.3	6.5	6.5
Average monthly number of cases per staff member ^b	26.8	24.7	23.0	25.0	25.0
Efficiency:					
Average cost per evaluation (\$)	904	^c 1,326	1,047	1,060	1,060
Workload/Outputs:					
Number of clients evaluated	788	^c 684	874	900	900
Number of clients linked to community resources	752	^c 653	825	850	850
Number of clients given medication education	600	^c 522	716	737	737
Inputs:					
Expenditures (\$000) ^d	712	907	915	954	954
Workyears ^d	9.8	11.0	11.0	10.0	10.0

Notes:

^aEffective October, 2002, Adult Evaluation and Review Services (AERS) staff handle Medical Assistance Waiver for Older Adults assessments, which have a 10 day response time standard. The State AERS standard is 6 days.

^bThis program refers routine cases to contractors and assigns the most complex cases and most vulnerable clients to AERS assessment staff. This decision was made to bring the unit into compliance with the State's guideline of a 25:1 caseload ratio.

^cIn FY03, due to budget-related staff reductions, fewer cases were referred to AERS for assessment.

^dAs a result of a reduction in State funding and the resultant re-allocation of staff between programs, a new methodology for calculating workyears was adopted starting in FY03. FY05 expenditure and workyear adjustments are due to program realignment/reorganization.

EXPLANATION:

Nationally, the proportion of older adults with disabilities living in nursing homes rises with increasing levels of disability. However, over half a million older adults can still remain at home with access to informal and/or formal community resources. A lack of access to community resources is a strong indicator for nursing home admission for these individuals. Studies have shown that for each person in a nursing home, there are between one and three equally disabled persons living in the community. Access to informal and/or formal resources is a major reason why an individual can remain safely in the community.

Studies have also shown that a key factor affecting the need for nursing home admissions is the ability to manage medication. Drug toxicity is common among the elderly and contributes to as many as 10% of hospital admissions. Adverse reactions to medications are two to three times more common in the elderly than in younger adults. The elderly are often prescribed multiple medications (sometimes by several physicians) with complex dosage schedules. One-third to one-half of the elderly do not comply with prescribed medication regimens. Again, access to informal and formal resources/supports can enable an individual to take medications safely and to remain in the community.

Adult Evaluation and Review Services (AERS) is required by State law to conduct a comprehensive pre-admission evaluation of any adult at risk for nursing home placement. A multi-disciplinary evaluation is conducted to identify services available to help the individual remain in the community or in the least restrictive safe environment while functioning at the highest possible level of independence and personal well-being.

Social work staff formerly assigned to Adult Protective Services (APS) and Social Services to Adults (SSTA) have been assigned to the Medicaid Waiver to handle the larger-than-anticipated growth in that program. To ensure the safety of vulnerable elders and to provide continuity of service in the face of the reductions in workyears, staff from other units in Aging and Disability Services have been rotated as needed to handle cases in APS and SSTA. AERS staff are assuming a different level/type of interaction with clients, one involving less case management interaction. Consequently, more clients will be served, but each client will be receiving less staff time than in the previous model of care delivery. In FY04, close to 900 clients were evaluated. This was an increase of about 200 evaluations over the number completed in FY03. There were increases in both the percentage of individuals served remaining safely in community and those taking their medications safely in FY04. This is probably due to the greater number of clients enrolled into the Medicaid Waiver program who are now receiving Waiver services, including medication administration.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Housing Opportunities Commission, Maryland Department of Human Resources, Maryland Department of Health and Mental Hygiene, State Office on Aging, Social Services Administration, Rock Creek Foundation, Alzheimer's Disease and Related Disorders Association of Greater Washington, Association of Retarded Citizens, Centers for the Handicapped, Inc., non-profit organizations.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 14-10, 10-07, 19-347 and 27-35, 4-301, 708, 13-709, COMAR 10.09.30, Annotated Code of Maryland 15-301, COMAR Title 07, Subtitle 06, Chapter 13.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Assessment Services	PROGRAM ELEMENT: Adult Protective Services (APS)
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PROGRAM ELEMENT MISSION:
To provide evaluative, transitional, and social services to the frail elderly and adults with disabilities in order to reduce the risk of abuse, neglect, and exploitation

COMMUNITY OUTCOMES SUPPORTED:
• Children and vulnerable adults who are safe

PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY06 CE REC
Outcomes/Results:					
Percentage of cases re-opened within six months	6.0	6.0	3.0	7.0	7.0
Service Quality:					
Average time to initiate case (days) (State standard = 5 days)	3.6	3.6	3.2	3.5	3.5
Average time to complete an investigation ^a (days) (State standard = 30 days)	26	27	25	25	25
Efficiency:					
Average cost per screening (\$)	1,151	1,536	1,684	1,324	1,469
Average number of reports investigated per worker per month	8.3	8.0	7.0	8.0	7.0
Workload/Outputs:					
Number of abuse and neglect reports screened ^b	557	521	487	525	525
Number of investigations conducted/completed ^a	538	481	484	550	550
Number of cases receiving continuing services	515	507	523	520	550
Inputs:^c					
Expenditures (\$000)	641	800	820	695	^d 771
Workyears	9.1	9.0	9.0	7.3	^d 8.3

Notes:
^aAn APS investigation can involve the following staff activities: multiple home visits; consultation with family and other appropriate parties (neighbors, police, physicians, etc.); case record documentation; police reports; court presentation; collaboration with public and private organizations to ensure safe plans, etc.
^bThe number of abuse and neglect reports screened includes reports screened at intake, cases initially screened under another agency code and converted to Adult Protective Services, and Guardianships taken directly into the Guardianship Unit.
^cBecause of a reduction in State funding and the resulting re-allocation of staff between programs, a new methodology for calculating workyears was adopted beginning in FY03. The FY05 program staff and expenditure reductions reflect realignment/reorganization.
^dIncludes the addition of one Social Worker III in FY06 to provide round-the-clock Adult Protective Services coverage at the Crisis Center for emergencies and other crises that occur for vulnerable adults at risk of abuse, neglect, and exploitation.

EXPLANATION:
 Adult Protective Services (APS) provides evaluative, transitional, and social services to the frail elderly and adults with disabilities when suspected abuse, neglect, self-neglect, or exploitation is reported. In Montgomery County, the majority (55%) of APS referrals and investigations are related to self-neglect among the elderly. Self-neglect occurs most frequently among persons over age 85 and among mentally disabled persons living alone who are no longer capable of independent living.

 In Montgomery County, APS cases are consistently initiated and completed in less time than the State standard of 5 days. The average was 3.2 days in FY04. In addition, the percentage of cases re-opened within six months declined to 3% in FY04. In FY04, the percentage of all APS cases investigated for neglect increased from 14% to 16%. Additionally, investigations for abuse increased from 8% to 12% for elderly residents. These increases are due to greater collaboration between APS investigators and the criminal justice system. Investigations for financial exploitation have remained at 11%.

 Conversely, the decline in investigations for self-neglect can be attributed to the increasing number of high risk cases for neglect that were handled by Medicaid Waiver staff rather than by APS staff. The waiver program was designed to serve individuals at immediate risk of nursing home placement. These individuals tend to be some of the most vulnerable in the community, and are also at heightened risk for self-neglect. In FY03 and FY04, there was a large investment in screenings of potential waiver eligible clients, as the State had implemented a first-come first-served protocol. Medicaid Waiver (MAW) assessments may, in part, have interceded and addressed client issues that would otherwise have developed into APS self-neglect investigations. The State has now placed a cap on MAW approvals, and as a result the number of new MAW assessments has declined sharply. It is projected that this will lead to an upswing in new self-neglect cases in FY05 and future years.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: County Attorney, Montgomery County Fire and Rescue Service, Police, Montgomery County Public Schools, Housing Opportunities Commission, Maryland Department of Human Resources, Maryland Department of Health and Mental Hygiene, Maryland Developmental Disabilities Administration, District Court, State's Attorney, Circuit Court, non-profit organizations, abused persons programs, Attorney General's Office.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 14-10, 10-07, 19-347, 27-35, 4-301, 13-708, 13-709.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Assessment Services	PROGRAM ELEMENT: Social Services to Adults (SSTA)				
PROGRAM MISSION: To protect the frail elderly and adults with disabilities from abuse and neglect by providing them with evaluative, transitional, and social services that allow them to remain safely in the community					
COMMUNITY OUTCOMES SUPPORTED: • Children and vulnerable adults who are safe • Caring, thriving communities					
PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY06 CE REC
Outcomes/Results:					
Percentage of clients who remain safely in the community after receiving services ^a	NA	NA	100	99.8	99.8
Service Quality:					
Average number of days to initiate cases ^b	NA	NA	4.9	5.5	5.5
Efficiency:					
Average cost per assessment (\$)	NA	1,148	886	644	644
Average number of assessments per worker per month	7	9	8	11	10
Average number of continuing cases per staff member ^c	NA	21:1	25:1	25:1	25:1
Workload/Outputs:					
Number of service requests received	521	^e 450	^f 625	600	600
Number of assessments conducted	457	^e 400	525	525	525
Number of cases referred to continuing services	186	^e 120	138	90	90
Inputs:					
Expenditures (\$000) ^d	NA	459	465	338	338
Workyears ^d	NA	5.5	5.5	3.5	3.0
Notes: ^a Those cases seen in Assessment Services - Social Services to Adults (SSTA) which do not wind up as open cases in Adult Protective Services within the same fiscal year. ^b State standard = 10 days. ^c State standard = 25:1. ^d Due to a reduction in State funding and the resulting re-allocation of staff between programs, a new methodology for calculating workyears was adopted beginning in FY03. FY05 workyear and expenditure reductions reflect program realignment/reorganization. ^e Estimates. ^f Beginning in FY04, includes individuals placed on the waiting list.					
EXPLANATION: Social Services to Adults (SSTA) is the Maryland Department of Human Resources' program for at-risk frail, elderly, and disabled adults 18 years and older. The services are both preventive and voluntary in nature. Recipients receive assessment, care planning, and short-term case management services designed to achieve or maintain self-sufficiency, provide economic support, and prevent maltreatment and inappropriate institutionalization. Individuals with continued high need for services at the end of the assessment period are referred to SSTA Continuing. Social work staff formerly assigned to Adult Protective Services (APS) and SSTA have been re-assigned to the Medicaid Waiver to handle the larger-than-anticipated growth in that program. To ensure the safety of vulnerable elders and to provide continuity of service in the face of the reductions in workyears, staff from other units in Aging and Disability Services have been rotated as needed to handle cases in APS and SSTA.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Housing Opportunities Commission, Crisis Center, Income Supports, Social Security Administration, Disability Entitlement Advocacy Program, Medical Assistance Personal Care Provider Agency, Manna, Community Ministries, mental health providers, community health clinics, non-profit organizations, homeless advocates.					
MAJOR RELATED PLANS AND GUIDELINES: COMAR Title 07.06.13.					

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Assisted Living Services	PROGRAM ELEMENT: Adult Foster Care				
PROGRAM MISSION: To provide protective living environments for the frail elderly and adults with disabilities, using adult foster care and small group homes					
COMMUNITY OUTCOMES SUPPORTED: <ul style="list-style-type: none">• Children and adults who are physically and mentally healthy• Children and vulnerable adults who are safe• Individuals and families achieving their maximum level of self-sufficiency					
PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY06 CE REC
Outcomes/Results:					
Percentage of adults residing in foster care or group homes six months after placement	96	95	96	95	95
Percentage of adults residing in foster care or group homes twelve months after placement	96	93	93	90	90
Service Quality:					
Percentage of residents satisfied with placement	NA	86	100	90	90
Efficiency:					
Average annual cost per resident (\$)	9,717	9,023	9,358	9,137	10,146
Workload/Outputs:					
Number of clients receiving case management placement in Adult Care families and group homes	164	177	176	175	164
Inputs:					
Expenditures (\$000)	1,504	1,597	1,647	^a 1,599	1,664
Workyears	9.3	9.6	9.6	^a 7.4	6.4
Notes: ^a FY05 expenditure and workyear reductions reflect program realignment/reorganization.					
EXPLANATION: <p>Adult foster care provides supervised living and assistance to disabled adults and frail elders. Studies of adult foster care demonstrate that it improves the resident's quality of life. Clients are referred because of mental or physical disability, abuse and neglect, or inability to live independently in the community. Assistance allows them to remain in the community as long as possible. The decision to place a client in either adult foster care or a group home is based on whether a client would do better living in a family home setting or with a small group of peers. Each resident receives an individual care plan with goals to ensure safety, health, and maximum self-sufficiency. Adult foster care homes and group homes are now licensed by the State as "assisted living."</p> <p>Case management services are essential for enabling vulnerable adults to remain in permanent and stable housing. Placement with a committed care provider and social work case management of each resident contribute to the success of care and placement. Case managers certify and monitor the adult foster care homes and monitor the client's care in group homes. They also help arrange needed services such as adult day care, occasional in-home aide services, job support, help in paying bills, and training for both providers and residents. Case managers also provide support to the caregivers and add resources to help prevent caregiver burnout.</p> <p>Although the initial adjustment to assisted living may be difficult, clients typically experience an improved quality of life which is reflected in the 100% satisfaction rating in the surveys completed in FY04. A self-administered mail questionnaire is sent to clients with the cognitive capability to complete it on their own. The response rate is about 50%.</p> <p>Due to careful matching of clients and care providers and the ongoing monitoring by experienced social workers/case managers, placements tend to be relatively stable. In FY04, 96% of clients remained in placements at least 6 months and 93% for 12 months.</p>					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Mental Hygiene, Department of Disability Administration, Office on Aging, Social Security Administration, Department of Public Works and Transportation, Housing Opportunities Commission, Department of Housing and Community Affairs, Montgomery County Commission for People with Disabilities, Montgomery Commission on Aging, Montgomery County Fire and Rescue Service, Montgomery County Police, day care providers, group home providers, non-profit organizations.					
MAJOR RELATED PLANS AND GUIDELINES: COMAR Title 07, Subtitle 06, Chapters 15 and 16; COMAR Title 10, Subtitle 607, Chapter 14.					

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Assisted Living Services; Group Residential and Vocational Services	PROGRAM ELEMENT: Group Home Subsidy Program
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PROGRAM MISSION:
To ensure the safety of frail seniors and individuals with disabilities by providing safe and supportive group home placements in the community

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY06 CE REC
Outcomes/Results:					
Percentage of clients remaining in a community living situation	NA	96	94	95	95
Percentage of community vendors willing to continue to accept clients from the Department of Health and Human Services	NA	100	98	100	100
Service Quality:					
Percentage of clients satisfied with placement ^a	NA	NA	NA	95	95
Efficiency:					
Average cost per client (\$)	NA	6,090	5,970	6,000	6,200
Workload/Outputs:					
Unduplicated number of clients served	NA	88	85	85	90
Number of new group home facilities willing to accept Department of Health and Human Services referrals	NA	4	8	6	6
Inputs:					
Expenditures (\$000)	NA	536	507	510	558
Workyears ^b	1.0	0.5	0.5	0.0	0.0

Notes:

^aAn instrument to measure customer satisfaction is being developed and will be implemented in FY05.

^bReflects a reduction in workyears as program management was assumed by a staff member budgeted in another program.

EXPLANATION:

The Group Home Subsidy Program (GHSP) provides subsidies to community providers on behalf of low-income disabled adults in order to facilitate affordable assisted living alternatives to institutional placement. GHSP provides subsidies to clients age 62 and over who are residing in group homes and at risk for nursing home placement. Health and Human Service staff work with providers to persuade them to accept Department of Health and Human Services clients because, despite the fact that providers receive a client payment plus a subsidy, the payments are still often below market rates for the services provided.

Although group home residence presents many challenges to clients and care providers, there is a high rate of stability in placements, as reflected by 94% remaining in placement in FY04. Despite the desire by care providers to obtain private pay clients and higher subsidy rates, 98% of the vendors continued to accept Department of Health and Human Services customers, and eight new vendors joined the program in FY04.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Department of Aging, local private for-profit and non-profit group home providers.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 32.03.03, COMAR 10.07.14.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Community/Nursing Home Medical Assistance and Outreach

PROGRAM ELEMENT:

Long Term Care

PROGRAM MISSION:

To authorize Medical Assistance benefits for the aged, blind, and disabled who reside in institutions and group homes

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY06 CE REC
Outcomes/Results:					
Number of adults receiving Medical Assistance through the program	2,347	2,224	2,086	2,400	2,100
Percentage of applicants who receive Medical Assistance	80	88	89	88	88
Service Quality:					
Percentage of applications processed within 30 days	45	80	97	97	85
Efficiency:					
Average cost per screening (\$)	120	127	151	138	155
Workload/Outputs:					
Number of customers screened	5,280	5,840	5,530	6,200	6,000
Number of re-determination cases initiated ^a	NA	1,314	1,838	1,500	1,500
Inputs:					
Expenditures (\$000)	631	740	835	858	927
Workyears	11.8	12.0	13.7	13.7	13.7

Notes:

^aMedical Assistance long-term clients must have eligibility re-determinations every 12 months. Data are tracked by the State CIS/CARES system.

EXPLANATION:

The Long Term Care Medical Assistance Program is a State-mandated, fully funded Federal benefit for eligible recipients. The program provides customers who are both financially eligible and medically fragile with a way to pay for the cost of care in a nursing home facility. By helping to make certain that its customers receive appropriate medical treatment, shelter, and dietary support, the program helps to ensure that these individuals are safe. The program is operated by the County and provides specialized staff to assist individuals in completing the application and eligibility process.

The FY04 improvement in the processing of applications within 30 days was due to multiple changes in the organizational structure of the unit. First, it was recognized that the supervisory span of control was too large for the number of staff and workload, so an additional supervisor was hired. In addition, workers were divided into specialized teams to handle new vs. re-determination applications. The improved supervisory oversight and workload specialization combined to improve service quality.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration), Maryland Department of Health and Mental Hygiene, Social Security Administration, State Pharmacy Assistance Program.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.09.24.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Community/Nursing Home Medical Assistance and Outreach		PROGRAM ELEMENT: Medical Assistance Outreach			
PROGRAM MISSION: To authorize Medical Assistance benefits for the aged, blind, and disabled who reside in the community, hospital patients, and patients of the Department of Health and Human Services' STD/HIV clinic					
COMMUNITY OUTCOMES SUPPORTED: • Children and adults who are physically and mentally healthy • Children and vulnerable adults who are safe • Individuals and families achieving their maximum possible level of self-sufficiency					
PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY06 CE REC
<u>Outcomes/Results:</u>					
Number of adults receiving Medical Assistance through the program	NA	3,400	3,749	3,800	3,200
Total Medical Assistance dollars provided to clients (\$ millions)	14.2	17.2	14.6	19.6	16.0
Average Medical Assistance payment per customer served (\$)	NA	5,059	^a TBD	5,500	5,200
Percentage of applicants who receive Medical Assistance	NA	46	78	50	60
<u>Service Quality:</u>					
Percentage of applications processed within 30 days	75	92	98	97	90
<u>Efficiency:</u>					
Average cost per screening (\$)	213	189	138	156	169
<u>Workload/Outputs:</u>					
Number of customers screened	2,964	3,917	6,049	5,500	5,500
<u>Inputs:</u>					
Expenditures (\$000)	631	740	835	858	927
Workyears	12	12	14	14	14
<u>Notes:</u> ^a Data not yet available from Maryland Department of Human Resources.					
EXPLANATION: Medical Assistance Outreach is a unit comprised of Medical Assistance specialists in Montgomery County hospitals and clinics. These specially trained staff assist with the application and eligibility requirements for Medical Assistance Program benefits. The workers' salaries are paid by the five hospitals and three clinics (with Federal matching dollars). The workers assist uninsured and self-pay Montgomery County hospital patients in receiving Medical Assistance Program benefits to pay the medical bills they have incurred at the hospitals and clinics. The Medical Assistance Program reimburses the hospitals for the treatment provided. In FY03, an outreach worker was added to the Holy Cross Hospital Clinic, which led to a dramatic increase in Medical Assistance dollars obtained. The decrease in "total Medical Assistance dollars to clients" in FY04 is an artifact of the process by which benefits to County citizens are tracked and does not represent an actual decline in services to customers.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration), Maryland Department of Health and Mental Hygiene, Montgomery County Department of Recreation, Social Security Administration, State Pharmacy Assistance Program, Hebrew Home of Greater Washington, Montgomery Village Care and Rehabilitation, Holy Cross Hospital, Suburban Hospital, Montgomery General Hospital.					
MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.09.24.					

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Continuing Case Management	PROGRAM ELEMENT: Adult Protective Services (APS)
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PROGRAM MISSION:

To assist clients in securing the services needed to ensure that standards of health, safety, and well-being are met; to prevent or lessen the likelihood of abuse, self-neglect, or exploitation; to provide for the least restrictive and least intrusive mode of service intervention; and to ensure that the goals of the client's service plan are being accomplished

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe

PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 CE REC
<u>Outcomes/Results:</u>					
Percentage of clients for whom no new APS investigation is required 18 months after case closure	99	99	99.9	99	99
<u>Service Quality:</u>					
Average monthly caseload per case manager	23:1	25:1	25:1	25:1	25:1
<u>Efficiency:</u>					
Average cost per client (\$)	1,151	1,140	1,132	1,340	1,340
<u>Workload/Outputs:</u>					
Number of clients receiving continuing adult protective services	516	507	523	500	500
<u>Inputs:</u>					
Expenditures (\$000) ^a	594	578	592	670	670
Workyears ^a	6.6	7.8	7.8	6.1	6.1

Notes:

^aBecause of a reduction in State funding and the resulting re-allocation of staff between programs, a new methodology for calculating workyears was adopted beginning in FY03. FY05 staff and expenditure allocations reflect program realignment/reorganization.

EXPLANATION:

Program services are provided to clients who are determined by investigation to be at-risk, who acknowledge a risk or need for services, and who have the capacity and willingness to agree to and participate in a service plan that affords them protection from neglect, abuse, or exploitation, or to mitigate the effects of prior abuse, self-neglect, neglect, or exploitation. This program is voluntary, and the primary service is case management, including ongoing assessment, service planning, linking with resources, monitoring the service plan, and advocating on behalf of the client.

Social work staff formerly assigned to Adult Protective Services (APS) and Social Services to Adults (SSTA) have been assigned to the Medicaid Waiver to handle the larger-than-anticipated growth in that program. To ensure the safety of vulnerable elders and to provide continuity of service in the face of the reductions in workyears, staff from other units in Aging and Disability Services have been rotated as needed to handle cases in APS and SSTA. In FY04, Adult Protective Services provided continuing case management services for 523 vulnerable adults. Of these, 99.9% did not require a new APS investigation.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: County Attorney, Montgomery County Fire and Rescue Service, Police, Montgomery County Public Schools, Housing Opportunities Commission, Maryland Department of Human Resources, Maryland Department of Health and Mental Hygiene, Maryland Developmental Disabilities Administration, District Court, State's Attorney, non-profit organizations, abused persons programs.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 14-10, 10-07, 19-347 and 27-35, 4-301, 13-708, 13-709.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:		PROGRAM ELEMENT:				
Continuing Case Management		Public Guardianship Program				
PROGRAM MISSION:						
To provide surrogate decision making and case management services to disabled adults when appointed by the Circuit Court as their guardian						
COMMUNITY OUTCOMES SUPPORTED:						
• Children and vulnerable adults who are safe						
PROGRAM MEASURES		FY02	FY03	FY04	FY05	FY06
		ACTUAL	ACTUAL	ACTUAL	BUDGET	CE REC
Outcomes/Results:						
Percentage of clients ^a for whom the Adult Public Guardianship Review Board (APGRB) concurs with the continued need for a public guardian		100	100	100	95	95
Percentage of clients for whom the APGRB concurs with the care plan recommended by the Guardianship Program		100	100	100	90	90
Service Quality:						
Average number of visits to clients per month		65	64	70	65	65
Percentage of court-appointed attorneys reporting satisfaction with guardianship services provided to clients		NA	100	90	85	85
Efficiency:						
Average cost per client (\$)		3,897	4,705	4,295	4,967	5,300
Workload/Outputs:						
Number of guardianship clients		78	78	88	90	90
Number of APGRB hearings		102	93	107	115	115
Average number of guardianship clients per month		57	61	64	70	70
Inputs:						
Expenditures (\$000)		304	367	378	447	477
Workyears		3.2	3.9	4.5	4.0	^b 5.0
Notes:						
^a "Client" refers to a ward of the State.						
^b Reflects the addition of a Principal Administrative Aide to support the Public Guardianship Program in FY06.						
EXPLANATION:						
<p>The Guardianship Program was authorized by Maryland Law in 1977 and is part of a statewide system of Adult Protective Services designed to provide adults who lack the physical or mental capacity to care for their basic needs with services sufficient to protect their health, safety, and welfare. A guardian of a person shall be appointed if the court determines, from clear and convincing evidence, that the person lacks sufficient understanding or capacity to make or communicate responsible decisions concerning himself or herself, and no less restrictive form of intervention is available which is consistent with the person's welfare and safety.</p> <p>The Adult Public Guardianship Review Board is appointed by the County Executive and reviews all regular public guardianship cases every six months. This review mechanism, which does not exist in every state or in every Maryland jurisdiction, has been noted as a national model. Every client is reviewed in person annually; he/she usually attends the hearing and is always represented by an attorney. A July 2004 GAO Report on Guardianship recommended increased oversight of guardianship after finding that although statutes generally provide for some oversight, the procedures for implementing these laws vary considerably. The Adult Public Guardianship Review Board is a level of scrutiny for public guardianship clients that is above and beyond the typical court review. The Adult Public Guardianship Review Board makes recommendations to the court as to how the care plan for each client should be modified, if needed, and whether or not the guardianship should be continued.</p> <p>A public guardian is named only as a last resort and when the disabled person has no relative or friend willing and able to be the guardian. The guardian has all the rights, duties, and responsibilities of a parent to a child, and it is the responsibility of the guardian to ensure that appropriate care is provided to the disabled person. The guardian has the duty to assist the disabled person with living in the least restrictive environment with the highest quality of life possible. This usually entails making decisions regarding living arrangements, medical care, and home care services. Institutionalization is the last resort and is used only if the supportive systems provided are not sufficient to sustain the elderly/disabled person in the community. There are no funds within the program to provide direct services.</p> <p>The fact that Montgomery County's adult public guardianship program has achieved concurrence by the Adult Public Guardianship Review Board in 100% of the cases reviewed speaks to the high quality of service provided by program staff. This high level of concurrence is reportedly unusual in other comparable Maryland jurisdictions.</p>						
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Departments of Aging, Human Resources, and Health and Mental Hygiene; Montgomery County Attorney and private attorneys; Circuit Court; housing, health care, and private service providers.						
MAJOR RELATED PLANS AND GUIDELINES: COMAR 07.06.14, COMAR 07.06.13, COMAR 07.03.07, COMAR 07.06.12, Annotated Code of Maryland, Estates and Trusts Article, Title 13, Subtitle 1, 13-101; Subtitle 7, 13-704 <i>et seq.</i> , Maryland Rules of Procedures, R70, Memorandum of Understanding between Department of Human Resources and Office on Aging, re: Adult Protective Services; Annotated Code, Family Law Article, Title 14, Subtitle 1, 14-101 <i>et seq.</i> and Subtitle 2, 14-201 <i>et seq.</i> ; Article 27, Subtitle 35 B, Abuse of Vulnerable Adults.						

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Continuing Case Management	PROGRAM ELEMENT: Social Services to Adults (SSTA)				
PROGRAM MISSION: To ensure that clients receive protection and other services to prevent abuse, neglect, self-neglect, exploitation, or inappropriate institutionalization					
COMMUNITY OUTCOMES SUPPORTED: • Individuals and families achieving their maximum possible level of self-sufficiency					
PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY06 CE REC
Outcomes/Results:					
Percentage of clients with low to moderate risk of neglect or self-neglect or abuse ^a	NA	NA	^c 52	66	66
Percentage of clients with the level of services they need ^a	NA	NA	82	85	85
Percentage of clients continuing to live in the community one year after service is initiated	NA	NA	61	75	80
Service Quality:					
Percentage of clients reporting satisfaction with services ^a	NA	NA	84	90	90
Average caseload (cases per staff member) (State standard is 50:1)	66:1	52:1	45:1	48:1	48:1
Efficiency:					
Average cost per client served (\$)	2,032	3,142	3,303	1,219	1,219
Workload/Outputs:					
Number of visits with clients	1,363	1,668	921	1,550	1,550
Number of services in place for clients ^a	NA	NA	4	5	5
Number of clients served	595	416	370	750	750
Inputs:^b					
Expenditures (\$000)	1,209	1,307	1,222	^b 914	914
Workyears	9.0	8.0	8.3	8.3	8.3
Notes: ^a New measures implemented in FY04. ^b FY05 expenditure reductions reflect program realignment/reorganization. ^c Due to staffing constraints, the program is currently handling primarily high risk cases.					
EXPLANATION: This program provides case management services to seniors and adults with physical or mental disabilities to prevent abuse, neglect, self-neglect, exploitation, or inappropriate institutionalization. There is a direct correlation between receiving case management services and delaying institutionalization. While the need for assistance is quite low among the elderly at age 65, by age 85 many need some assistance if they are to continue to live in the community. Research has demonstrated that the difference between needing and not needing a nursing home placement is contingent upon the availability of a social support system. By helping to keep frail elderly clients and persons with chronic disabilities in the community, case management services also help to keep down the public costs of nursing home placements. One of the consequences of advanced age is diminished functional capacity associated which chronic disease conditions. Often the chronicity of an illness impacts an individual's ability to perform basic self-care activities such as dressing, bathing, eating, and toileting, as well as tasks that maintain a household, such as money management, shopping, meal preparation, and home maintenance. In FY04, Social Services To Adults (SSTA) social work staff continued to adjust to staff reassignments to the Medicaid Waiver program to handle the growth in that program. To ensure the safety of vulnerable elders and to provide continuity of service, SSTA staff and staff from other units in Aging and Disability Services have been rotated as needed to handle cases in Adult Protective Services and SSTA. A quality of service survey mailed to all clients had a 33% return rate, with 84% of the respondents indicating they were satisfied or very satisfied with their service.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Adult day care centers, Housing Opportunities Commission, hospitals and physicians, mental health providers, Social Security Administration, homeless advocates, home care agencies, Manna, Maryland Department of Human Resources, Developmental Disabilities Administration, Rep Payee Program, Friendly Visitor Program.					
MAJOR RELATED PLANS AND GUIDELINES: COMAR Title 07, Subtitle 06, Chapter 13.					

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Group Residential and Vocational Services		PROGRAM ELEMENT: Developmental Disabilities Supplement - Residential and Day Services ^a				
PROGRAM MISSION: To provide residential housing and supported employment for developmentally disabled citizens to maximize their self-sufficiency and involvement in the community						
COMMUNITY OUTCOMES SUPPORTED: • Children and vulnerable adults who are safe • Individuals and families achieving their maximum level of self-sufficiency						
PROGRAM MEASURES		FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY06 CE REC
Outcomes/Results:						
Percentage of adults with developmental disabilities provided community living services who remain at the same level of independence after receiving support services		95	98	97	95	97
Service Quality:						
Percentage of customers/families who are satisfied with the services they receive from the provider ^b		94	74	95	80	85
Efficiency:						
Average annual cost per customer (\$)		3,130	2,744	2,820	2,906	2,878
Workload/Outputs:						
Number of customers receiving services		1,757	2,232	2,337	2,328	2,351
Number of customers receiving supported employment		584	592	605	650	584
Number of customers receiving day services		454	452	503	500	574
Number of customers receiving Family Support Services/ Individual Support Services		202	348	334	258	295
Number of customers receiving Community Service Living Arrangement services ^c		156	199	227	200	227
Number of customers receiving residential services		584	641	668	720	675
Inputs:						
Expenditures (\$000)		5,500	6,125	6,591	6,766	6,766
Workyears		0.9	0.9	1.0	1.0	1.0
Notes: ^a Providers receiving the Developmental Disabilities Supplement provide services such as day programs, supported employment, individual support services, family support services, Community Service Living Arrangement, and residential services. ^b FY02 satisfaction data was self-reported by vendors. For increased validity, FY03 data were collected by the Department independently of the vendor. FY04 satisfaction data were again self-reported by vendors, and in FY05 vendors will continue to collect this data as the program does not have staff available to complete this task on an on-going basis. ^c The Community Service Living Arrangement is a State program (which Montgomery County supplements) that allows developmentally disabled individuals who own or rent their home (or their representatives) to select a provider of the residential supervision that the developmentally disabled person needs to remain independent in the community. State and County funds are used to pay for the staff who provide this service.						
EXPLANATION: Group Residential and Vocational Services provides assistance to people with developmental disabilities who need community services. The County implemented this program in 1974 to encourage providers to deliver services in the County. Services provided include employment, day habilitation, vocational training, day programs, individual and family support services, community supported living arrangements, and residential placements. Recipients of these services range in age from students graduating from Montgomery County Public Schools to senior citizens. The population served includes some of the most vulnerable citizens in the County - people who require supervision and supports to be healthy, safe, and successful. In FY04, supports allowed 97% of those served to remain at the same level of independence in the community. Based on the vendor administered customer satisfaction survey, 95% of customers were satisfied with the services they received.						
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Mental Hygiene, Developmental Disabilities Administration, Montgomery County Public Schools, Housing Opportunities Commission, Montgomery Community College, Commission on People with Disabilities, Collaboration Council, Division of Rehabilitation Services, Respite Services of Montgomery County, The ARC of Frederick County Service Coordination, Community Partnership, various non-profit organizations, various vendors/contractors.						
MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.22.18, 10.22.07, 10.22.08.						

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Information and Assistance		PROGRAM ELEMENT: Information Line			
PROGRAM MISSION: To assist seniors and adults with disabilities in maintaining independence by linking them with needed services					
COMMUNITY OUTCOMES SUPPORTED: • Individuals and families achieving their maximum possible level of self-sufficiency					
PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY06 CE REC
Outcomes/Results:					
Percentage of individuals who receive the information and referrals required to meet their needs	92	^b NA	80	90	90
Service Quality:					
Percentage of customers satisfied with service	89	94	^c NA	90	90
Percentage of calls returned within two business days	92	94	92	95	98
Efficiency:					
Average cost per call (\$)	20.72	21.34	19.75	^d 25.04	18.75
Workload/Outputs:					
Number of telephone calls received ^a	25,920	28,214	29,319	27,000	28,000
Inputs:					
Expenditures (\$000)	537	602	579	^d 676	^e 525
Workyears	8.8	8.8	8.6	^d 8.6	^e 7.6
Notes: ^a A phone call involves listening to customer concerns, determining customer needs, and providing information to meet those needs. It sometimes requires follow-up calls and/or collateral contacts with other community resources. ^b Client survey information using the standardized instrument was irretrievable due to a software problem. ^c Customer satisfaction data are not available due to malfunction of the software application used to tabulate results. Since this is the second year of problems with a malfunction in the software application, an alternative strategy will be employed in FY05 to ensure reliable collection of the data: data will be tabulated by hand until the software problem can be resolved. ^d The FY05 expenditure and workyear changes reflect program realignment/reorganization. ^e One workyear will be shifted to the Department's new Information and Referral Unit.					
EXPLANATION: The Information and Assistance Unit, initiated in FY98 from a consolidation of County departments, provides a one-stop information and referral service for seniors and persons with disabilities, including a modified case management component. Studies indicate that approximately 15 percent of the elderly/disabled population need some type of service in order to manage their daily activities. Often they are uncertain about the type of service they need and how to access the myriad of private, non-profit, and government services. The Information and Assistance Unit serves as a primary point of entry where consumers can have an assessment by phone to determine their needs and can be provided with most, if not all, of the information to meet their needs. For those callers who need further assistance, the intake for follow-up case management services is completed by phone. The provision of information and referral services, combined with telephone assessment and the available progression to a full psycho/social/nursing assessment, simplifies the process for customers. In FY04, the percentage of individuals who received the information and referrals required to meet their needs dropped by 12 percent vs. FY02 (the last time actual data were available). Program staff are investigating the causes for this result and plan to conduct another survey in an effort to obtain more detailed results. The next survey will probably be by phone and tabulated by hand. This will give program staff an opportunity to talk with people directly about their feedback. Since FY04 involved a cross sectional survey with a low response rate, it is unknown if this result reflected an actual decline in program performance or an artifact of the sampling methodology. If it is due to an actual decline in program satisfaction, steps will be taken to address the issue based upon the feedback collected. Some respondents mentioned the long wait for the phone lines to be answered. In fact, total initial calls were 2,819 over the budgeted FY04 level, and there was also a change to the phone system: all calls now go into a menu system for persons with limited English proficiency, which causes a delay in how long persons have to wait for the call to be answered by an agent. It is also possible that when people received mailed surveys, they did not know which program they were responding to, and therefore gave inaccurate results (some of the comments noted on the survey seemed to be intended for other programs to which they had been referred).					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Adult day care centers, Community Psychiatric Clinic, faith community, Maryland Department of Human Resources and Department on Aging, Developmental Disabilities Administration, home care agencies, HELP/FISH groups, Housing Opportunities Commission, Independence NOW, Jewish Council for the Aging, Jewish Social Services Agency, METRO, Mental Health Association, non-profit organizations.					
MAJOR RELATED PLANS AND GUIDELINES: COMAR 07.06.14.04, COMAR 07.06.13.02, Senior Information and Assistance Program Policy and Procedure Manual, Older Americans Act 1965 Guidelines, Annotated Code of Maryland 70B546.					

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Information and Assistance	PROGRAM ELEMENT: Senior Information and Assistance Program ^a				
PROGRAM MISSION: To provide a single point of entry into the service system for seniors, and to promote awareness of services for the elderly through outreach and public education					
COMMUNITY OUTCOMES SUPPORTED: • Individuals and families achieving their maximum possible level of self-sufficiency					
PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY06 CE REC
Outcomes/Results:					
Percentage of individuals who reported that they received the information, referrals, and/or assistance required to make informed choices about services and benefits ^b	92	85	80	90	90
Service Quality:					
Percentage of customers satisfied with service	89	94	73	94	95
Efficiency:					
Average cost per client served (\$)	144	187	174	189	166
Workload/Outputs:					
Number of customers served	2,384	2,877	3,293	3,295	3,300
Inputs:					
Expenditures (\$000) ^c	344	539	574	624	550
Workyears ^c	5.3	8.2	7.9	7.9	6.9
Notes: ^a This program element covers public education and community outreach (including, but not limited to, senior centers, home visits, case management, and service coordination). ^b Based on results from the POMP (Performance Outcome Measure Project) survey, a nationally standardized survey instrument. ^c The staff complement and expenditure increases in FY03 reflect the transfer of one position from Continuing Social Services to Adults and the addition of two new positions to provide outreach services to the Asian and Hispanic communities. The FY05 expenditure changes reflect program realignment/reorganization. In FY06, one workyear will be transferred to the Department's new Information and Referral Unit.					
EXPLANATION: The Senior Information and Assistance program provides a single point of entry into the senior system for older residents, their families and care givers. Through this program, seniors receive information to make informed choices about services to seniors, referrals to appropriate agencies, assistance in obtaining services and benefits, and follow-up. The program promotes awareness of services for the elderly through outreach and public education. These measures include customers served in case coordination, at senior sites, and those who receive simple assistance. The decline in the percentage of individuals who reported that they received the information, referrals, and/or assistance required to make informed choices about services and benefits (which is mirrored by a decline in customer satisfaction) is a concern. Since this data was collected by a cross-sectional survey with a low response rate, it is not known if these results were due to an actual decline in program performance or were an artifact of the sampling methodology. Program staff are investigating further to determine the reason. It is possible that the increase in calls increased the workload to the extent that service declined. The first step will be to repeat the survey via phone. A follow-up survey by phone will also allow staff to talk with customers to ensure that they are responding for the appropriate program, since the decline may actually result from persons who responded based on multiple programs that served them and not just Information and Assistance.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Adult day care centers and mental health services; the faith community; Maryland Department of Human Resources; Maryland Department on Aging; Developmental Disabilities Administration; home care agencies; community groups serving the elderly; Housing Opportunities Commission; Independence Now; Jewish Council for the Aging; Jewish Social Services Agency; non-profit organizations.					
MAJOR RELATED PLANS AND GUIDELINES: Annotated Code of Maryland, Articles 70B, 4E, 4F, and 4G; Older Americans Act of 1965; Area Plan 2004, Senior Information and Assistance Program Manual.					

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: In-Home Aide Services	PROGRAM ELEMENT:				
PROGRAM MISSION: To provide home-based support services, including personal care and/or chore services, to eligible frail seniors and people with disabilities who, with this assistance, are capable of remaining in their own homes and in the community					
COMMUNITY OUTCOMES SUPPORTED: • Children and vulnerable adults who are safe					
PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY06 CE REC
Outcomes/Results:					
Percentage of customers without unmet personal care needs ^a	NA	NA	92	90	90
Service Quality:					
Average customer service satisfaction rating by customers using standardized customer feedback tool ^a	NA	NA	81	80	80
Efficiency:					
Average cost per customer served (\$)	6,573	6,941	7,734	^b 9,269	9,983
Workload/Outputs:					
Number of customers served	606	575	519	^b 457	457
Number of service hours provided	194,066	185,912	180,720	^b 159,130	159,130
Inputs:					
Expenditures (\$000)	3,983	3,991	4,014	^c 4,236	4,562
Workyears	18.4	18.4	18.5	^c 17.5	17.5
NOTES: ^a The outcome and service quality measures were revised in FY04 in order to use nationally validated POMP (Performance Outcome Measure Project) tool. See Explanation. ^b Beginning in FY05, the cost per customer is projected to be significantly higher as a result of a 20% increase in the contracted hourly rate. (The contract that recently expired was negotiated five years ago.) With the higher costs, fewer hours can be purchased, so fewer customers will be served. ^c The FY05 approved budget includes increased funds and the transfer of 1 vacant Social Worker III position to Social Services To Adults.					
EXPLANATION: The Home Care Services Program provides personal care and chore services. Personal care can involve bathing, feeding, grooming, and assistance with ambulation. Chore services entail cleaning, planning and preparing meals, and providing transportation for grocery shopping or medical appointments. In FY04, the reduced number of customers served is the result of a frailer and more disabled population that required more time each week per customer. A County trend, consistent with national patterns, is that: (a) the overall pool of disabled elders continues to expand due to demographic changes, while (b) funding has remained static or has not risen enough to meet the increased need. Consequently, the population served has begun to reflect those who are more severely disabled. This leads to higher per person costs to provide services necessary to help the individual to remain in the community. The net result is fewer people served and a higher unit cost. The average satisfaction rating by customers was obtained using the Home Care Satisfaction Measure (HCSM) widely used as part of the national Administration on Aging-funded Performance Outcome Measure Project. The national average for the HCSM satisfaction rating cited in the published literature is 80. FY04 satisfaction results for the County (81) were comparable to the national average.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Department of Human Resources; Maryland Office on Aging; Maryland Department of Health and Mental Hygiene (Medical Assistance Personal Care Program); Housing Opportunities Commission; Montgomery County Fire and Rescue Service; Police Department; Montgomery County Commission on Aging; Montgomery County Commission on People with Disabilities; private, public, and nonprofit home health aide contract agencies.					
MAJOR RELATED PLANS AND GUIDELINES: COMAR Title 07, Subtitle 06, Chapter 12.					

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Ombudsman Services	PROGRAM ELEMENT:
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PROGRAM MISSION:
To improve the quality of life for all residents living in licensed long-term care facilities by identifying, investigating, and resolving complaints made on behalf of the residents

COMMUNITY OUTCOMES SUPPORTED:
• Children and vulnerable adults who are safe

PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY06 CE REC
Outcomes/Results:					
Percentage of all complaints resolved	90	86	84	86	86
Service Quality:					
Average number of days to respond to a complaint	3.6	2.0	1.5	1.5	1.5
Efficiency:					
Cost per complaint received ^a (\$)	386	591	1,238	1,071	1,008
Number of volunteers providing service at least four hours per week	59	65	78	70	75
Workload/Output:					
Number of complaints received ^a	866	856	496	550	600
Number of cases ^a	660	635	486	500	550
Inputs:					
Expenditures (\$000)	334	506	614	^b 589	605
Workyears	3.5	5.5	4.5	^b 4.5	4.5

Notes:
^aAn individual case can have multiple complaints associated with it, each of which is processed separately. Federal training emphasizing reducing the number of complaints in a case and on how to open a case resulted in a lower number of cases and complaints beginning in FY04. These factors, in turn, have affected the cost per complaint.
^bReflects reductions in the Senior Ombudsman grant award.

EXPLANATION:
The Ombudsman program is Federally mandated under the Older Americans Act. The ombudsmen provide assistance to families and residents of licensed long-term care facilities and empower residents and families to resolve their complaints. The problems confronting long-term care facilities include shortages of staff, lack of training and supervision for staff, and tremendous turnover that occurs in all levels of staffing. Volunteers play a major role in working with facilities and families to resolve problems. The volunteers must have the ability to communicate well, have a strong knowledge of the regulations, and be able to develop cooperative partnerships in resolving many complaints. Currently, the program is responsible for 35 nursing homes and over 130 licensed assisted living facilities for a total population of over 7,000 people. Volunteers in this program are authorized to perform complaint investigation and resolution.

The ombudsmen's goals for the long-term care facilities are to increase facility training on resident rights and elder abuse, and to increase the development of effective family councils. These goals are designed to reduce complaints to the Ombudsman Office and to have families and facilities prevent and solve their own problems.

In FY04, the number of complaints dropped due to new Federal training for ombudsmen emphasizing that specific multiple complaints on the same case should occur only in very limited situations. Additionally, the number of cases dropped due to new Federal training requiring narrower criteria for accepting an ombudsman case and implementation of a new software system which is not tracking cases in the same manner as the previous data system.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Licensing and Regulatory Services, Police Department, all programs in Aging and Disability Services, Maryland Office of Health Care Quality, Maryland Department of Aging.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.07.14, 10.07.09, 10.07.02, Omnibus Reconciliation Act of 1987 Part 483; Older American Act Public Law 102-375, Chapter 2; Title 32 Maryland Department of Aging, Subtitle 03, Chapter 02.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Persons with Disabilities Outreach Services	PROGRAM ELEMENT: Autism Medicaid Waiver				
PROGRAM MISSION: To support children who qualify for an institutional level of care but can be served in the community with support services					
COMMUNITY OUTCOMES SUPPORTED: • Individuals and families achieving their maximum possible level of self-sufficiency • Children and vulnerable adults who are safe					
PROGRAM MEASURES^a	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY06 CE REC
Outcomes/Results:					
Percentage of homes receiving environmental adaptations that have no reported safety accidents within the fiscal year	NA	NA	75	80	82
Percentage of children receiving Individual Intensive Support Services that exhibit higher levels of functioning	NA	NA	80	85	85
Service Quality:					
Percentage of customers satisfied with the program	NA	NA	88	90	90
Percentage of monthly visits that occur on time	NA	NA	95	90	92
Percentage of re-certifications that are completed on time	NA	NA	85	90	86
Efficiency:					
Average cost per customer served through waiver (\$)	NA	NA	1,625	2,933	3,905
Workload/Outputs:					
Number of new customers approved	NA	NA	21	50	50
Number of customers receiving case management	NA	NA	160	225	169
Number of new customer resources (i.e., providers) developed	NA	NA	0	3	0
Inputs:					
Expenditures (\$000)	NA	NA	260	660	660
Workyears	NA	NA	8.0	8.0	8.0
Notes: ^a This became a formal budgetary program in FY04.					
EXPLANATION: The Autism Waiver is a Medicaid Waiver program that provides support for children with Autism Spectrum Disorder and their families. The Autism Waiver became a formal budgetary program in FY04. A number of services are available to families, including day and residential habilitation, respite care, supported employment, environmental accessibility adaptations, and family training. Three forms of day habilitation are offered: regular day habilitation, intensive individual support services, and therapeutic integration services (after school/extended day program). Regular day habilitation services help children to develop and retain their capacity for independence, self-care, and social functioning. Intensive individual support services provide intensive, one-on-one interventions. Therapeutic integration services are needed for children and adolescents who have problems with the development of socialization skills, enhancement of self-esteem, and behavior management. Residential habilitation involves community-based, intensive residential placements for those waiver participants who cannot live at home at the present time because they require a highly supervised and supportive environment. Environmental accessibility adaptations are physical adaptations to a home, required by the individual's plan of care, which are necessary to ensure the health, welfare, and safety of the individual or which enable the individual to function with greater independence in the home. Examples include lead abatement, security systems, locks, and security fences to protect children who might wander. The first year of data collection reveals successes for the Autism Waiver Program. Seventy-five percent of homes that received environmental adaptations had no reported safety accidents. Additionally, 80% of children receiving Individual Intensive Support Services exhibited higher levels of functioning.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Public Schools, Maryland Department of Health and Mental Hygiene, Maryland State Department of Education.					
MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.09.56.					

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Persons with Disabilities Outreach Services

PROGRAM ELEMENT:

Disability Services - Resource Coordination

PROGRAM MISSION:

To provide supportive services to individuals with developmental disabilities who are living in the community, and to their families

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY06 CE REC
Outcomes/Results:					
Percentage of customers who remained in the same home with the help of supportive services	97	92	93	94	94
Percentage of customers who are more connected to the community through participation in activities	^b 79	70	95	75	76
Percentage of customers who participate in gainful activity	94	93	93	90	93
Percentage of Montgomery County youth with disabilities who have successful outcomes after graduation from high school	91	94	85	85	90
Service Quality:					
Percentage of customers/families that rate the supportive services as satisfactory or better	^b 94	83	85	86	88
Percentage of eligibility determinations completed in 30 days ^a	93	94	91	91	94
Efficiency:					
Cost per customer for resource coordination services (\$)	1,022	1,016	1,107	1,066	1,238
Workload/Outputs:					
Number of customers served	3,165	3,418	3,216	3,374	3,552
Inputs:					
Expenditures (\$000)	3,600	3,473	3,561	3,595	^c 4,397
Workyears	12.6	12.6	12.6	13.5	^c 20.75

Notes:

^aRegulations require a 30 day turnaround, but eligibility determination may take longer than 30 days due to circumstances beyond the control of program staff such as hospitalization or illness.

^bFY02 results are based on a small, non-representative sample.

^cThe increases in expenditures and workyears reflect increases in both the Service Coordination grant and the Individual Support Services grant.

EXPLANATION:

Supportive Services focus on matching the customer's needs and preferences to community resources so the customer can remain in his or her home. Supportive services can include after-school care, respite care, accessing medical and adaptive equipment, renovations, transportation, specialized therapeutic interventions, an aide for attending educational classes, camps, behavioral consultation and supports, housekeeping, teaching the activities of daily living, estate planning, and referral information.

FY04 was the sixth and final year of the Governor's Waiting List initiative. During the first five years, the State approved 8,906 new cases statewide for individuals who had applied for services before January 1, 1998. During FY04, 688 new services were approved. Since the initiative ended, the numbers have decreased. In addition, some cases have been transferred to the Autism Waiver that began in 2003.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Mental Hygiene, Developmental Disabilities Administration, Montgomery County Public Schools, Montgomery County Infants and Toddlers Program, Division of Rehabilitation Services, Respite Services of Montgomery County, The ARC of Frederick County Service Coordination, Jubilee Association, Lt. Joseph P. Kennedy Institute, Montgomery County Department of Recreation, Community Partnership, various non-profit organizations, various vendors/contractors.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.22.06.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Respite Care	PROGRAM ELEMENT:
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PROGRAM MISSION:

To sustain disabled residents in the community by providing caregivers of individuals with developmental and functional disabilities temporary relief from caregiving

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES^a

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY06 CE REC
Outcomes/Results:					
Percentage of families that report a reduction in stress/care-giver burden as a result of receiving respite services	NA	89	92	90	90
Percentage of customers with disabilities receiving respite services that remain in the community	NA	98	91	95	95
Service Quality:					
Percentage of families who report they are satisfied with respite services	NA	90	93	90	90
Percentage of families registered for respite services that actually use respite care during the fiscal year	NA	85	85	80	80
Efficiency:					
Average annual cost per family served (\$)	NA	665	667	782	817
Workload/Outputs:					
Number of customers receiving service	NA	1,101	1,277	1,300	1,368
Total hours of Level I ^b respite care provided	NA	32,056	44,648	45,500	48,000
Total hours of Level II ^b respite care provided	NA	16,028	25,850	30,250	32,000
Inputs:					
Expenditures (\$000) ^c	735	732	852	1,016	1,117

Notes:

^aIncludes only contracts to providers of respite care services. The small amount of staff time that is needed to administer those contracts is not included. FY03 was the first year that vendors were required to report program measures.

^bLevel I respite care involves personal or companion care; Level II care involves skilled nursing care.

^cFY04 includes a reduction of \$56,000 in State funding. In FY05, the County Council approved an additional \$115,000 in funding.

EXPLANATION:

Respite care provides short-term relief and support to families that provide on-going care to frail elderly persons, children, and adults with developmental disabilities, and/or children with severe medical or behavioral needs. Respite care is provided on a short-term periodic basis to give the family a break from continuous caregiving. An important potential benefit of providing respite care is that such care can help prevent a caregiver from having to prematurely institutionalize the person being cared for.

Program staff try to allocate the limited respite care resources to maximize the number of families that are provided some respite, even though the resources may not be adequate to provide caregivers with all of the respite they would like (or to which they are - in principle - entitled). The maximum amount of respite care that can be provided over the period of a year is 164 hours per person cared for. Montgomery County recognizes the need caregivers have for respite, and has developed a respite consortium of over 30 agencies throughout the County. Respite Care of Montgomery County connects families to agencies and/or independent respite care providers that can meet the specific needs of family members.

The Respite Care Program has received an increasing number of requests for service due to outreach and public education efforts. In FY04, 1,277 customers received respite care services. Of these, 91% were able to remain in the community. Caregiver burden/stress was reduced for 92% of the families served in FY04. The annual cost for these services was only \$667 per family.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: ARC of Montgomery County, Maryland Department of Human Resources, Respite Care of Montgomery County.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 07.06.11.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Senior Community Services		PROGRAM ELEMENT: Medicaid Waiver for Older Adults			
PROGRAM MISSION: To help ensure the health and safety of vulnerable residents and prevent unnecessary institutionalization by maintaining individuals in the community					
COMMUNITY OUTCOMES SUPPORTED: <ul style="list-style-type: none">• Children and adults who are physically and mentally healthy• Children and vulnerable adults who are safe• Individuals and families achieving their maximum possible level of self-sufficiency					
PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY06 CE REC
Outcomes/Results:					
Percentage of customers for whom nursing home placement is prevented or delayed by 6 months or more	NA	77	84	80	80
Amount of Federal and State funds provided to County residents for services (\$000)	3,045	8,180	12,357	11,550	13,833
Service Quality:					
Percentage of nursing assessments completed within 10 days	NA	85	84	90	95
Percentage of customers reporting satisfaction with the program	NA	95	98	95	95
Efficiency:					
Average cost per customer (\$) ^c	NA	1,580	1,489	2,587	2,151
Workload/Outputs:					
Number of new customers approved for waiver services	126	209	61	80	130
Total number of customers served by waiver program	NA	817	545	361	490
Number of nursing assessments performed	404	678	454	364	530
Inputs:					
Expenditures (\$000) ^b	NA	1,267	265	934	1,054
Workyears ^a	NA	13.8	3.0	12.8	13.0
Notes: ^a During its startup phase, this program relied heavily on staff from other Aging and Disabilities programs. In FY03, the Department reassigned 11.8 workyears to the Waiver. These were reported as Actuals that year. In FY04, the Department reassigned 9.6 workyears. However, these were not reported as Actuals to avoid double counting the positions, which were budgeted in other Department of Health and Human Services programs. (In FY04, a total of 12.6 workyears was actually expended on the Waiver.) Beginning in FY05, workyears reflect the consolidation of the program. ^b The reassignment of staff described in footnote "a" is also reflected in the funds budgeted and expended. In FY03, although \$157,000 was budgeted, \$1,267,000 was actually expended. The difference was caused by the transfer of workyears described above. In FY04, the value of the reassigned workyears came to \$569,000. These expenditures are not included in the FY04 Actual to avoid double counting the expenditures, which were still budgeted in other units of the Department. (Total actual FY04 expenditures on the Waiver program came to \$834,000.) Beginning in FY05, the expenditures reflect the consolidation of the program. ^c Based on the total cost of the program, including the cost of temporarily reassigned staff that were budgeted elsewhere (see footnote "b").					
EXPLANATION: The goal of the Medical Assistance Waiver is to enable older adults to remain in a community setting even though their frailty or disability would warrant placement in a long-term care facility. The waiver allows services that are typically covered by Medicaid only in a long-term care facility to be provided to eligible persons in their own homes or in assisted living facilities. The State pays for covered services to enable eligible residents to stay in the community. In FY04, 61 new customers were approved for services. The percentage of customers who delayed nursing home placement by at least six months increased from 77% in FY03 to 84% in FY04. Additionally, 98% of customers reported satisfaction with the services received.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Department of Health and Mental Hygiene, Maryland Department of Aging, Delmarva.					
MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.09.54.					

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Senior Community Services		PROGRAM ELEMENT: Senior Community Program Contracts			
PROGRAM MISSION: To provide a broad array of community services for frail seniors and individuals with disabilities to help them remain in their own homes and in the community					
COMMUNITY OUTCOMES SUPPORTED: <ul style="list-style-type: none">• Children and vulnerable adults who are safe• Individuals and families achieving their maximum level of self-sufficiency					
PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY06 CE REC
Outcomes/Results:					
Percentage of contracted programs with outcome measures in place	NA	27	36	100	100
Percentage of contracted programs that exhibit improved results ^a	NA	NA	NA	TBD	50
Service Quality:					
Percentage of contracted programs that provide good or excellent service quality ^a	NA	NA	NA	TBD	90
Efficiency:					
Average administration cost per contract (\$)	NA	4,253	6,010	6,470	6,100
Percentage of budget devoted to administering contracts	NA	3.0	3.8	3.6	2.9
Workload/Outputs:					
Number of contracted programs provided assistance with developing or analyzing outcome measures	NA	4	5	5	4
Total number of contracts administered	NA	15	11	10	11
Inputs:					
Total expenditures (\$000)	2,631	2,143	1,763	1,820	^b 2,294
Contract administration expenditures (\$000)	NA	63.8	66.1	64.7	^b 67.1
Workyears	9.5	8.7	7.3	6.3	^b 6.8
Notes: ^a Data collection to begin in FY05. ^b Expenditures will increase due to an increase in the Older Americans Act grant. The additional 0.5 workyear reflects a new telephone reassurance program for senior caregivers located in the Montgomery County Volunteer Center. Also in FY06, a contract for a Senior Workforce Specialist will be added.					
EXPLANATION: Senior Community Services provides, through contracts, a variety of services designed to keep seniors independent and in the community. These contracts include programs for transportation to senior centers and grocery stores, legal services, representative payee services (trained volunteers who assist at-risk elderly County residents with paying bills), health insurance counseling, visitor services (trained volunteers who visit homebound or nursing home residents), grocery shopping, subsidized employment, and socialization for seniors with visual impairments. Many of the services are provided via contracts with private vendors. This program measures display was first published in FY04. While vendors have been providing some measures of their programs, the Department has only recently begun requiring summary measures for both results and service quality for the purposes of this display. The Department expects to report outcomes for 100% of the contracts by the end of FY05.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: The Senior Connection of Montgomery County, Associated Catholic Charities of Montgomery County, First Transit Inc., Jewish Council for Aging, Jewish Community Center, Mental Health Association of Montgomery County, University of Maryland Cooperative Extension Service, American Red Cross, Legal Aid Bureau, Montgomery County Department of Public Works and Transportation.					
MAJOR RELATED PLANS AND GUIDELINES: Federal Older Americans Act, Area Plan on Aging.					

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Senior Food Program

PROGRAM ELEMENT:

Senior Nutrition Program

PROGRAM MISSION:

To maintain and/or improve the nutritional health of seniors

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY06 CE REC
Outcomes/Results:					
Percentage of customers who report an increase in social contacts	65	64	°TBD	65	65
Percentage of customers who report an improvement in diet	49	45	°TBD	50	50
Service Quality:					
Percentage of customers reporting satisfaction with meals	81	86	°TBD	80	80
Percentage of customers reporting satisfaction with the social environment at nutrition sites	90	91	°TBD	90	90
Percentage of customers reporting satisfaction with activities offered at nutrition sites	86	74	°TBD	80	80
Percentage of nutrition sites that provide transportation assistance	58	54	°TBD	55	55
Efficiency:					
Average cost per congregate meal (\$)	4.87	4.86	4.59	5.05	5.05
Average cost per home-delivered meal (\$)	6.06	5.81	5.66	5.88	5.88
Workload/Outputs:					
Number of unduplicated customers served	4,430	4,517	4,395	4,600	4,600
Number of congregate meals served	195,531	196,833	208,986	223,370	223,370
Number of home-delivered meals served	59,749	57,622	68,692	76,200	76,200
Number of nutrition education programs	297	307	°267	190	190
Number of individual nutritional risk surveys ^a conducted	598	914	°450	900	900
Inputs:					
Expenditures (\$000) ^b	1,314	1,291	1,348	1,577	1,577
Workyears	3.0	3.0	3.0	3.0	3.0

Notes:

^aNew clients at congregate meals are offered a voluntary National Nutritional Risk Assessment survey. Those indicating high nutritional risk are offered nutrition counseling.

^bExpenditures listed are greater than the published budget because revenues collected by the program do not appear in the County's published budget. The Senior Food Program is funded jointly by Title III of the Federal Older Americans Act; U.S. Department of Agriculture, State, and County funds; and voluntary participant donations. (The County provides a 10 percent match to Federal funds.)

^cThe Senior Nutrition Program is funded primarily by Federal Title III Older Americans Act funds and consequently operates on the Federal fiscal year cycle. Data will become available in May, 2005.

EXPLANATION:

The goal of the Older Americans Act is to help seniors remain independent, stay active in their homes and communities, and avoid premature institutionalization. Nutrition services help seniors remain healthy by serving nutritious meals while also providing opportunities for socialization, access to information, and other supportive services.

Poor nutrition diminishes resistance to disease and promotes nutrition-related chronic diseases. Studies have indicated that congregate meal delivery, by reducing social isolation, improves nutrition, enhances quality of life, and reduces health expenditures for the elderly and the community.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Public Schools, City of Gaithersburg, Montgomery County Department of Recreation, Maryland Department of Aging, Housing Opportunities Commission, Rockville Senior Center, Chinese Cultural and Community Service Center, Jewish Community Center of Greater Washington, Korean American Senior Citizens Association of Maryland, Korean Community Service Center, Vietnamese Senior Association of Maryland, Shelter Properties LLC, Gaithersburg Meals on Wheels, Jewish Social Services Agency Meals on Wheels, Meals on Wheels of Central Maryland.

MAJOR RELATED PLANS AND GUIDELINES: Older Americans Act, COMAR 10.15.03.